

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. 79

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. E-67 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Clara Hernandez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. female } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Feb 7 1930
Month Day Year

8. FATHER
Full name Jose Felix Hernandez

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Felicia Herrera

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. 7 } (a) Born alive and now living. 4
(Taken as of time of birth of child herein } (b) Born alive but now dead. 3
certified and including this child.) } (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 6:45 P m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. F. Miller
M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Feb 15 1930
Registrar. C. E. Jones Registrar.

489-207-674